

STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
100 No. Union Street, Suite 724, Montgomery, AL 36130-5040
Telephone (334) 242-4064 & (888) 726-9743 Fax (334) 242-3288

PT or PTA APPLICATION (circle one)

Endorsement _____ *Exam* _____

Are you a U.S. citizen or legally present in the United States? Yes or No

1. Name in full _____ SSN: _____

(As you want it on your license.)

2. Date of birth _____ Race _____ Sex _____

3. Home Address _____

County: _____

Telephone Number _____

Email _____

4. Present Business Address _____

Business Telephone Number _____

5. When and where do you plan to begin work Alabama? _____

6. Please answer the following with yes or no

_____ Used drugs or intoxicating liquors to an extent which affects professional competency.

_____ Been convicted of a felony or of a crime involving moral turpitude.

_____ Obtained or attempted to obtain a license by fraud or deception.

_____ Been grossly negligent in the practice of physical therapy.

_____ Been adjudged mentally incompetent by a court of competent jurisdiction.

_____ Been guilty of conduct unbecoming a person registered as a physical therapist or of conduct detrimental to the best interest of the public.

_____ Been convicted of violating any state or federal narcotic law.

_____ Treated or undertaken to treat human ailments other than by physical therapy.

_____ Advertised unethically according to standards as set by the board.

_____ Failed or refused to obey any lawful order or regulation of the board.

7. Are there any criminal or civil suits pending against you? _____ If yes, explain _____

8. Have you previously taken the National Licensing Exam? _____ How many times? _____
Date(s) _____ State(s) _____

9. If applying by endorsement, have you notified FSBPT to transfer your score report to Alabama? _____
Or were you originally licensed other than by the National exam? ____ If yes, explain _____

10. If applying by endorsement: List the states where you are currently licensed: _____

And list the state of your original licensure: _____

11. Has your license to practice physical therapy ever been: Suspended____; Put on probation____; Revoked____; Rejected____; If yes, explain:

12. Identify school, address, date and degree of your physical therapy education:

School	Address	Dates	PT Degree/Date Granted

**HAVE YOUR SCHOOL SEND AN OFFICIAL TRANSCRIPT, IDENTIFYING GRADUATION/DEGREE DIRECTLY TO THE BOARD.
NO PERMANENT LICENSE ISSUED WITHOUT TRANSCRIPT ON FILE.**

13. References: Request that two character references to respond directly to the board, using the forms provided.

[illegible]

(1)

(2)

AFFIDAVIT

I, _____, being duly sworn, state I am the person referred to in the foregoing application and that the statements made are true. In the event I am registered by the Alabama State Board of Physical Therapy, I hereby agree to adhere to and abide by the statutes governing the practice of physical therapy in Alabama.

Signature _____

County of _____

State of _____

Signed and sworn to before me this

day of _____, 20____

**ATTACH REQUIRED PHOTO
IN THIS SPACE.**

Signature _____

(Notary Public)

My Commission Expires

SEAL

The Alabama Board of Physical Therapy does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.